



Cobb County Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone – 770-528-8410
Fax – 770-528-8414

Web site Address - www.cobbcounty.org

**Check off list and application for a Cobb County Liquor, Beer, & Wine License
New Alcoholic Beverage Establishment**

- ☐ 1. The application must be completed in its entirety before being accepted by the Business License Office. Each question must be answered. Provide one original and one duplicate of the completed application and all attachments.
- ☐ 2. The application and all attachments **must be typed or legibly printed in black ink.** The Business License Division reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Cobb County Business License Division Manager.
- ☐ 3. A personal statement must be submitted for the licensee, each owner, each partner, and each stockholder with 20% or more shares. The Business License Division Manager reserves the right to request personal statements on **all** stockholders, partners, and owners. (One personal statement packet is attached) (pages 18-25)
- ☐ 4. Complete a personal financial statement for the licensee, each owner, each partner, and each stockholder with 20% or more shares. Include assets, liabilities, and capital. The Business License Division Manager reserves the right to ask for this information on **all** stockholders, partners, and owners. One form is attached. (page 27)
- ☐ 5. Provide a seven (7) year driver's history for the licensee, each owner, each partner, and each stockholder with 20% or more ownership. This report can be obtained from any State Department of Motor Vehicles location. Enclosed is a list of Metro Atlanta Post locations for your convenience. If the licensee, owner, partner, or stockholder resides outside the State of Georgia, a driver's history must be obtained from the State of residence of the licensee, owner, partner, and/or stockholder. (page 26)
- ☐ 6. A list of the employees, including names, addresses, phone numbers, and positions, designated by the licensee of the business to receive communication, notices and/or court documents, including citations, must be listed in question 22 of page 13 of the alcoholic beverage application. Failure to provide persons on question 22 will subject application to denial. Failure of at least one of the persons listed in question 22 of page 13 to be at the business while the business is open will place the alcoholic beverage license in jeopardy. **This list must be updated and kept current with the Cobb County Business License office. Failure to keep this list current with the Cobb County Business License office will also place the license in jeopardy.**

- ❑ 7. All applications for new Alcoholic Beverage Establishments, all Change of Ownership applications, and all Change of Licensee applications that are submitted after January 1, 2002, will not be accepted unless the licensee provides with the application a certificate of attendance by the **licensee** to the Policy Workshop required by the Cobb County Code of Ordinances. The Cobb County Business License Division must receive the original certificate issued by a Cobb County-approved workshop provider before the application will be accepted. To signup for a Policy Workshop please see the attached registration forms from three approved RASS Workshop vendors on pages 30-33. Please be sure to send the appropriate registration form to the appropriate vendor of your choice. (see maps/directions on registration forms)
- ❑ 8. Applicants for a license to sell alcoholic beverages on-premises (pouring license) must have a certified public accountant complete in its entirety the food and alcoholic beverage sales affidavit and submit with the application. (form attached) The food and alcoholic beverage sales affidavit must have an estimate based on the business plan, menu, estimated sales, etc. The food and alcoholic beverage sales affidavit must be signed by the accountant and the licensee. (page 28) The licensee and accountant must be able to support the information submitted on the affidavit at the Business License Division's request. The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess an alcoholic beverage pouring license, and submit a food and alcoholic beverage sales affidavit indicating fifty percent (50%) of the food and alcoholic beverage sales is from food sales.
- ❑ 9. **POURING LICENSE APPLICATIONS ONLY-** Please provide the following for a pouring license application:
 - a. Floor plan of the entire location
 - b. Structural plan indicating dining area, tables, bar area, kitchen, dance area, pool tables, games, and any other entertainment
 - c. Complete menu
 - d. Pictures of the location being applied for (pictures must depict all inside area)
 - e. Health Department Certificate
- ❑ 10. Sole Proprietors and Partners that are not U.S. Citizens must provide **original** Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner and each partner with 20% or more ownership, and the spouses of the licensee, each owner and each partner with 20% or more ownership. (Passports will not be accepted) Shareholders of corporations with 20% or more ownership and their spouses must provide immigration documents, when applicable. (Applications for I-551 and pending applications for I-551 are not acceptable for the licensee and the licensee's spouse; other immigration statuses that allow legal entry into the United States are not acceptable for the licensee and the licensee's spouse, but they may be acceptable for shareholders of the corporation.)
- ❑ 11. A signed and notarized consent form must be provided for the licensee, each owner, each partner, each stockholder with 20% or more shares and the spouses of the licensee, each owner, each partner, and each stockholder with 20% or more shares. (pages 24-25.)
- ❑ 12. Submit two (2) fingerprint cards for the **licensee** with a business check or money order for \$ 24.00 made payable to Georgia Bureau of Investigation. No personal checks or cash will be accepted for this investigation fee. This fee is non-refundable. **Fingerprint cards can ONLY be obtained from the Cobb County Business License Division.**

- ❑ 13. There is also an additional \$ 250.00 application fee payable to the Cobb County Business License Division by business check or money order. This application fee must be paid when the application is submitted. **This fee is non-refundable.**
- ❑ 14. Provide two (2) photographs with the personal statement of the licensee, each owner, each partner, and each stockholder with 20% or more shares. Photographs must be 2X2 and less than a year old. (page 18)
- ❑ 15. Submit a note of indebtedness where capital is borrowed. The note of indebtedness must include the name of the lender, debtor, date, signatures, interest rate, amount of loan, and length of obligation. (Page 12, Question 20.C.)
- ❑ 16. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC.
- ❑ 17. Provide copies of all Stock Certificates (Front & Back), in numerical order, and minutes of meetings on all stock transfers, except for publicly-traded companies. Organizational papers are required to be submitted for Limited Liability Companies and Limited Liability Partnerships.
- ❑ 18. Provide an executed and dated Purchase Agreement – if you are buying an existing establishment.
- ❑ 19. Provide a copy of a lease and/or sublease, contract, management agreement, and/or purchase agreement or deed for the property. All must be executed by all parties involved. The ownership of the business applying for the license must be listed as the tenant in the lease.
- ❑ 20. Provide plats of proposed site – **TWELVE (12) BLUE LINE COPIES** (8 ½ X 11) – completed by a certified surveyor, drawn to scale 1" = 200'. Each survey must contain a 300-ft. radius circle and a 600 ft. radius circle from the nearest customer entrance. Distance is measured from the nearest customer entrance in a straight line to the nearest property line. Each parcel (property) must have the zoning designation clearly labeled. Property lines must be displayed along with the zoning designation for each property. The surveyor must provide the specific distance in feet from the customer entrance of the proposed location to the nearest property line of the nearest residence, church, park, public school, and library. The survey must indicate which tenant space, if in a shopping center, the proposed location will occupy, along with a diagram of the shopping center. Failure to provide an accurate survey is cause for denial of the alcoholic beverage application. Please see attached example of a survey. (Example page 29) **Surveys for liquor package stores must also indicate the specific distance in feet from the customer entrance to the nearest property line of the nearest liquor package store.**
- ❑ 21. Zoning – Page 16, Question 37 of the alcoholic beverage application must be completed and one plat signed by a member of the Planning Division indicating the zoning designation of the proposed location must be provided. This can be completed by the Drafting Section of the Planning Division which is located in the basement of 191 Lawrence Street, Marietta, GA 30060.
- ❑ 22. Each application for a location which has not previously been occupied for other than residential purposes or on which there is or is to be new construction shall also include a copy of a site plan approved by all the departments in the site plan review process. This plan can be obtained through the Site Plan Review Section of the Development & Inspections Division on the 2nd floor of 191 Lawrence Street. If a Site Plan is unavailable, a current Certificate of Occupancy is acceptable upon approval of the Business License Division Manager.

- ❑ 23. Provide blueprints (approved by Zoning Division & Development Inspections Division) of the proposed building if it is a new location.
- ❑ 24. ***NOTICE*** - Any and all false information provided to the Business License Division verbally or written will subject the person that provides this false information to prosecution to the full extent of the law and will subject the application to denial or revocation.
- ❑ 25. **LIQUOR PACKAGE ONLY-** Submit drawings or snapshots of the location of the existing building to show compliance with Section 6-129 of the Cobb County Code of Ordinances. A five percent (5%) tax on liquor package sales must be collected on annual gross sales of liquor between \$100,000 and \$178,000. This tax will not exceed \$3,900.00 annually and is in addition to the annual license fee. This tax must be submitted on the appropriate tax form to the Cobb County Business License Division at 191 Lawrence Street, Marietta, Georgia 30060-1692. Taxes must be submitted by the twentieth (20th) of each month following the month that the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Office and submit them to the Business License Office in a timely manner.
- ❑ 26. **LIQUOR POURING ONLY-** A three percent (3%) tax on the price of all drinks containing spirituous liquor, sold by the drink, must be collected by the liquor pouring license holder. The tax must be submitted to the Cobb County Business License Division located at 191 Lawrence Street, Marietta, Georgia, 30060-1692, utilizing the appropriate tax form. These taxes must be submitted by the twentieth (20th) of each month following the month the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Office.
- ❑ 27. **SUBSTITUTE LICENSEE-** An application, personal statement, consent form, on the substitute licensee and his/her spouse and the same documentation required for a licensee may also be provided for a substitute licensee as provided in Section 6-92(f) of the Cobb County Code of Ordinances and may be submitted in addition to the licensee and approved as a substitute licensee to avoid the disruption of alcoholic beverage sales. The substitute licensee may serve as the licensee in the event the licensee leaves the business or is no longer qualified to be the licensee. The substitute licensee must meet all of the qualifications of the licensee and have management capacity, as defined in Section 6-1 of the Cobb County Code of Ordinances. If you are applying using a substitute licensee, please note that check list items above, numbered 3-13, are also applicable and required of the substitute licensee. For questions regarding the substitute licensee, please call our office at (770) 582-8410.
- ❑ 28. For pool tables utilized in the establishment, a separate business license application is required in addition to the alcoholic beverage application and approval is required for pool tables utilized in the establishment.
- ❑ 29. **Once the license is approved, all fees must be paid within fourteen (14) days or the license will be void. All alcoholic beverage license fees must be paid with a certified check.**
- ❑ 30. For your information - Employees must apply for a permit to serve/sell alcoholic beverages in Cobb County. To obtain a Cobb County Alcohol Server's Permit, go to the Cobb County Police Permits Unit located at 154 North Marietta Parkway, Marietta, Georgia 30060. (Phone: 770-499-3943) It is the responsibility of the licensee that employees obtain alcohol server's permits. Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner's alcoholic beverage license.

- ❑ 31. All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division. (Phone: 404-417-4490)
- ❑ 32. Alcoholic beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco and Firearms.
- ❑ 33. Area alcoholic beverage wholesalers may provide alcoholic beverage training seminars. If interested in this service, please contact your wholesaler to see if this service is available.
- ❑ 34. Fees: Business License/Occupation Tax is in addition to annual fees stated below

	POURING	PACKAGE
LIQUOR	\$5,000.00	\$1,100.00
BEER	\$550.00	\$550.00
WINE	\$550.00	\$550.00
SUNDAY SALES	\$550.00	N/A

Application Procedures:

When distance restrictions are not a factor, it takes 4-6 weeks for Police investigation, advertising and consideration. Proposed locations that are within 300 feet of the property line of a private residence or 600 feet from the property line of a public school, park, library, or church, will take a minimum of 12 weeks and as much as 16 weeks for Police investigation, advertising and consideration by the License Review Board and Board of Commissioners. No application will be considered without a copy of the certificate issued to the licensee evidencing attendance and completion of the County approved alcoholic beverage policy workshop. Upon receipt of the application, the Business License office will send the application to the Cobb County Police Permits Unit for investigation. No action can be taken in regard to the application until the Police investigation has been completed. The Police investigation usually takes 7 – 10 business days but can take up to 60 days. After receipt of the investigation report, the application will be advertised to give public notice of the application. The advertisement appears in the Marietta Daily Journal on two consecutive Fridays, and the proposed location will be posted with a notice (sign) for the two weeks during the time of advertisement. The Business License Division Manager will initially consider the application on the Thursday following the last advertisement date. This decision will not be performed in a hearing. This decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia. The Business License Division Manager has no discretion in the decision regarding the license. If the application is approved, the license fee must be paid within two weeks of the approval. If the application is denied, the applicant will have ten days to appeal the decision to the License Review Board. Even when approved, any aggrieved party will have ten days for an opportunity to appeal the decision of the Business License Division Manager to the License Review Board. The appeal is filed through the Business License Office. When the applicant is in compliance with the Cobb County Code of Ordinances and there is an objection to the application, the application will be deferred to the License Review Board for a hearing. You will be notified of all hearing dates, times, and locations. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The appeal hearings are conducted in the Bid Room, which is on the second floor of the Purchasing Building located at 1772 County Services Parkway, Marietta, Georgia.

Pursuant to the decision of the Business License Manager and the appropriate filing of an appeal, the appeal hearing will be scheduled for the next available meeting date. However, appeals must be received by the Business License Office a minimum of two weeks in advance of a License Review Board Hearing. Decisions of the License Review Board may be appealed to the Board of Commissioners within thirty days of the decision of the License Review Board. The Board of Commissioners will affirm or may conduct a hearing and could overturn the decision made by the License Review Board regarding distance restrictions, whether approved or denied. Usually, when the License Review Board approves the application and there is no appeal, a non-hearing agenda item will be presented to the Board of Commissioners at a regular Board of Commissioners meeting within thirty days of the License Review Board decision. If the Board of Commissioners affirms the License Review Board decision, the alcoholic beverage license may be issued upon receipt of full payment for the license. If the Board of Commissioners does not affirm the License Review Board decision, a hearing will be scheduled within sixty days of the License Review Board decision. The alcoholic beverage license can not be issued until approved or affirmed by the Board of Commissioners.

If there are any questions regarding the alcoholic beverage application, please contact the Business License Division at 770-528-8410.

Revised 08/04

Cobb County Business License Division
191 Lawrence Street
Marietta, GA 30060-1692
Phone 770-528-8410
Fax 770-528-8414

Date Received: _____
Application Fee Paid \$ _____ Date: _____
Attendance to Alcohol Workshop: () Yes Date: _____ () No
Finger Print Card Fee Paid \$ _____
Copy to Police Department: _____
Date Letter Received From PD: _____
Ads to Run: _____
Deadline for objections: _____
Consideration Date: _____
Disposition: Approved () Denied () Date: _____
License Review Board: Approved () Denied () Date: _____
Board of Commissioners: Approved () Denied () Date: _____

License Number: _____

Application for New Alcoholic Beverage Establishment License

Application Date: _____

Liquor	Beer	Wine
Pouring ()	Pouring ()	Pouring ()
Package ()	Package ()	Package ()

Type of Business

Bar () Beer Pub () Bottle House () Convenience Store () Farm Winery ()
Grocery () Nightclub () Poolroom () Restaurant () Sunday Sales ()
Wholesaler ()

1. Type of Business: _____

2. Name doing business as: _____ Phone: _____

Corporation, Partnership, or Company Name: _____ Fax # _____

Business Address: _____

City: _____, State: _____ Zip: _____

3. Mailing Address: _____
City: _____, State: _____ Zip: _____
E-mail Address: _____
4. Licensee Full Name _____ Title: _____
SS # _____ - _____ - _____ Business Phone: _____ Home Phone _____
Cell/Alternate Phone _____
Home Address _____
City: _____, State: _____ Zip: _____
5. Type of Ownership: Sole Proprietor () Partnership () Corporation ()
LLP () LLC ()
6. If Sole Proprietor - Owner's Name: _____
SS# _____ - _____ - _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____
7. If Partnership or Limited Liability Partnership
Partnership or LLP Name: _____
Name of Partner/Member: _____ SS# _____ - _____ - _____
Date of Birth: _____ Percentage of Ownership: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____
Name of Partner/Member: _____ SS# _____ - _____ - _____
Date of Birth: _____ Percentage of Ownership: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____

*** Include additional partners/members on separate attachment***

8. If Corporation or Limited Liability Company

Name of Corporation or LLC: _____

President/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Vice President/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Secretary/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Treasurer/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Include additional partners/members on separate attachment

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach copies of all stock certificates (front and back) to the application.

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>Phone #</u>	<u>#Shares</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Does the licensee, partner, member, manager, corporation, stockholder in the corporation, or any owner have any other vested interest in any other alcoholic beverage license in the State of Georgia? Yes () No ()

If yes, give complete name(s), address, and phone number(s) below.

11. List full name, date of birth, social security number, address, and percentage of ownership for each individual, including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>% of Ownership</u>
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12. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

<u>Corporate Name</u>	<u>Business Address</u>	<u>% Owned</u>
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13. List full name, position held, social security number, address, and percentage of ownership for each board member of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>SSN</u>	<u>Resident Address</u>	<u>% Owned</u>
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14. Is or has the licensee or any owner listed in question ten (10) and/or eleven (11) currently holding interest, or ever been associated with any alcoholic beverage establishment? If yes, list below.

<u>Name</u>	<u>SSN</u>	<u>Name of Business</u>	<u>Business Address</u>	<u>% Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

<u>Name</u>	<u>Relationship</u>	<u>Resident Address</u>	<u>Business Name & Address</u>	<u>% Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. List the full name and address of every owner of the property on which this business is to be conducted.

<u>Name of Property Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

17. List the full name and address of every owner of the building within which this business is to be conducted, if different from number 16.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

18. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

<u>Name</u>	<u>Lessor or Sub-lessor</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location? _____. If Yes, give the name of the business, date closed, and reason for closing.

20. State the total amount of capital funds that is or will be invested in this business.

- A. State the total amount of personal funds invested by you the licensee/owner, including the total amount of funds borrowed by you the licensee/ owner. _____.
- B. State the total amount of personal funds invested by other owners including the total amount of funds borrowed by other owners. _____.
- C. If any capital is borrowed, state name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. (A copy of note(s) or other evidence of indebtedness, with all amendments, must be attached to the application.)

<u>Name of lender</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>	<u>Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

21. Name the person(s) that will be the manager(s) of this business, giving all pertinent information. In addition, state how the manager(s) will be compensated.

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>% Interest (if any)</u>	<u>Compensation</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Please list the name(s), address(es) and telephone number(s) of all managers and/or employees whom you designate to receive court documents, communications, citations, or notices required under the Alcoholic Beverage Ordinance at the location of the business. Failure of the licensee to designate a person(s) who will be at the place of business whenever the business is open to receive documents as stated, failure of the person listed to be present at the place of business during the business operation hours, and/or failure of the licensee to maintain a current list of such person(s) with the Cobb County Business License office shall be cause for denial of the alcoholic beverage license or revocation of the alcoholic beverage license. Attach additional lists if needed.

<u>Name</u>	<u>Home Address</u>	<u>Home Phone Number</u>	<u>Position</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

<u>Name</u>	<u>Business Name & Address</u>	<u>Business Phone #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Has this or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership, for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule, regulation, or ordinance of any city, county, or other Governmental unit?

Yes () No () If yes, give full details of all the above.

25. Have you, your spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()

C. **Detained** Yes () No () D. **Indicted** Yes () No ()

E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendere** Yes () No ()

G. **On Probation** Yes () No () H. **Any Pending Criminal Charge** Yes () No ()

I. If you answered "**YES**" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

26. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

27. Please indicate days and hours of operation for this business. _____

28. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners, and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each, and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

29. What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please enclose these materials.

30. Have you read and do you understand all the provisions of the Cobb County and State of Georgia Alcoholic Beverage requirements as stated in Chapter Six of the Cobb County Code of Ordinances and Title Three of the Official Code of Georgia?

YES or **NO** (Please circle one)

31. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license?

YES or **NO** (Please circle one)

32. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Please attach all documentation relating to such procedures and include an explanation as to their usage.

33. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Cobb County Code of Ordinances and State Law? Please attach all documentation relating to such procedures and include an explanation as to their usage.

34. What technology, equipment, and/or products have been or will be implemented in this location to ensure compliance with County and State law? (Example: cash registers that require date of birth, cameras, signs, calendars, etc...) List, describe and indicate the number and location in the business.

35. Estimated Gross Receipts, including sales from alcoholic beverages, from this location from the date the business opens through the remaining calendar year. \$ _____

36. Is this location new construction or preexisting? _____

37. How is the proposed location zoned? _____

*If this is an application for a new establishment attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformance with the zoning ordinance and regulations of the County.

Verified by Planning Division or Zoning Division staff member _____

38. Estimated date this location will be open for business. _____

39. Whose responsibility is it to ensure that all of your employees have alcohol server's permits?

For pouring license, please indicate the following:

40. Number of pool tables in the location _____

41. Number of video game machines _____

42. Size of dance floor _____

43. Amount of cover charge _____

44. Type and number of times per week location will have live entertainment _____

45. Will location have a DJ and if so, how many times per week? _____

46. How many square feet of the location is the: a. dining area? _____

b. bar area? _____

c. What percentage of total dining space is bar area? _____

GEORGIA, COBB COUNTY

I, _____, SWEAR THAT THE FACTS AND STATEMENTS
STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO
FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT
OR STATEMENTS HAVE OR WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC
BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY COBB COUNTY BUSINESS LICENSE DIVISION
OF ANY CHANGE IN MANAGEMENT, LICENSEE OR OWNERSHIP IMMEDIATELY.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

SIGNATURE AND TITLE OF
PERSON OTHER THAN APPLICANT
FILLING OUT THIS APPLICATION

TELEPHONE NUMBER

ALL QUESTIONS MUST BE ANSWERED

RECEIVED IN COBB LICENSE DEPARTMENT ON _____ AT _____

BY _____
BUSINESS LICENSE CLERK

DATE

**Attach
2X2
Photos
Here**

Owner / Licensee Personal Statement

(A photo of applicant must be attached)

1. Full name of owner/licensee (Do Not Use Initials) _____
Include maiden name(s), alias(s), etc.
2. Social Security No. _____ Business Phone _____ Cell Phone _____
3. Home Address: _____ Home Phone _____
(include city, state and zip)
4. Business Address: _____
(include city, state and zip)
5. Race: _____ Sex: _____ Height: _____ Weight: _____
Age: _____ Color of Hair: _____ Color of Eyes: _____
6. Place of Birth: _____ Date of Birth: _____
U.S. Citizen by (please check one): Birth ____ Naturalization ____ Not a Citizen ____
If naturalized: Certificate # _____
Date, Place, and Court: _____ Certificate # _____
Petition # _____ Derived Parents Certificate #'s _____
If not a citizen, please complete the following:
Alien Registration #: _____ Native Country: _____
Date and port of entry: _____
MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS
7. How long have you resided in the State of Georgia? _____
8. Number of years resided at your present address? _____
9. What has been your occupation for the past five (5) years? _____
10. What is your position title with the business submitting this license application? _____

11. Are you: (Circle one)
Single Married Widowed Divorced Separated

12. If married or separated, complete the following information on spouse.

Full Name of Spouse _____

Social Security No.: _____ Wife's Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

Place of Marriage: _____ Date of Marriage: _____

U.S. Citizen by (please check one): Birth ____ Naturalization ____ Not a Citizen ____

If naturalized: Certificate # _____

Date, Place, and Court: _____

Petition # _____ Derived Parents Certificate #'S _____

If not a citizen, please complete the following:

Alien Registration #: _____

Native Country: _____

Date and port of entry: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

Name of spouse's employer: _____

Address of employer: _____

13. Give names and addresses of all children and stepchildren (regardless of age).

Full Name

Address

Age

Place of Birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Give names and addresses of all immediate living relatives:

Father: _____

Mother: _____

Brother(s)/ Sister(s): _____

Father-in-law: _____

Mother-in-law: _____

15. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises?

If yes, give details: _____

16. Do you or does your spouse have any financial interest, or are you or your spouse employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? If yes, please give name, location, amount of interest, and/or type of employment in each.

17. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

18. Education.

Name of schools attended	Address	Dates Attended	Degree Received

19. List occupation(s) for the past ten (10) years.

From Month/Year	To Month/Year	Duties Performed	Employer	Address/Phone Number of Employer	Reason for Leaving	Salary

20. List residence(s) for the past ten (10) years.

From Month/Year	To Month/Year	Address	City	State

21. Have you or your spouse ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()

C. **Detained** Yes () No () D. **Indicted** Yes () No ()

E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()

G. **On Probation** Yes () No () H. **Any Pending Charges** Yes () No ()

I. If you answered "**YES**" to any of these questions, list below in complete detail the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

I, _____, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE, FULL NAME IN INK

Date

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

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FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

NOTARY PUBLIC

DATE

**Metro Atlanta
Dept. of Motor Vehicles**

Updated 9/7/04

Marietta

1605 County Services Pkwy
Marietta, GA 30008
770-528-3250

Marietta

2800 Canton Road, Suite 1000
Marietta, GA 30066
770-528-5401

Canton

1085 Marietta Highway
Canton, GA 30114
770-720-3693

Villa Rica

746 W. Bankhead Highway
Villa Rica, GA 30180
770-459-3549

Forest Park

5036 Georgia Highway 85
Forest Park, GA 30297
404-669-3961

Lawrenceville

310 Hurricane Shoals Road
Lawrenceville, GA 30045
770-995-6890

Cartersville

1300 Joe Frank Harris Parkway
Cartersville, GA 30120
770-387-3700

OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT (Confidential)				
Name			Date of Birth	
Social Security No.			Name of Spouse	
Residence Address			Business or Organization	
City, State, Zip			Business Phone	
Residence Phone			Partner or Officer in any other business? () Yes () No	
Assets		% Interest	Liabilities	
Cash on hand and in banks			Notes Payable to Banks-Secured	
Accounts receivable			Notes Payable to Banks-Unsecured	
Notes receivable			Notes Payable to Others	
Stocks and Bonds			Accounts Payable	
Real Estate			Unpaid Taxes	
Cash value of life insurance			Mortgages on Real Estate	
Automobiles			Other Debts	
Deposit accounts				
Credit with financial institutions				
Other assets (itemize):				
			Total Liabilities	
			Net Worth	
Total Assets			Total Liabilities and Net Worth	
Source of Annual Income				
Salary				
Bonus and Commissions				
Dividends				
Alimony, child support, or separate income				
Itemize all loan sources and interest:				
Other income (itemize)				
			Total	
General Information				
Unsatisfied judgments or law suits pending? _ Yes () No				
Are any income tax returns made by you for prior years being contested? () Yes () No			If so, what do you estimate as the additional amount you may be required to pay?	
Are any assets pledged or in joint names other than as described above? () Yes () No			Have you ever been declared bankrupt? _ Yes () No	
Do you have a will? _ Yes () No Beneficiary(ies):			Who is named as your executor?	



COBB COUNTY BUSINESS LICENSE

191 LAWRENCE STREET

MARIETTA, GA 30060-1692

PHONE (770)528-8410 FAX (770)528-8414

FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT

NAME OF ESTABLISHMENT _____
ADDRESS OF ESTABLISHMENT _____
LICENSEE'S NAME _____ BUSINESS LICENSE # _____

I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED _____
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

Gross Receipts from Food Sales this period: \$ _____ (____%)

Gross Receipts from Alcoholic Beverage Sales this period: \$ _____ (____%)

Total Food Sales and Alcoholic Beverage Sales this period: \$ _____ (____%)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales: _____

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

CPA NAME (PRINTED)

NAME OF CPA FIRM

CPA SIGNATURE

BUSINESS ADDRESS

CITY

PHONE #

SWORN UNDER OATH THIS ____ DAY OF _____, 20__

SIGNATURE OF NOTARY PUBLIC

II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

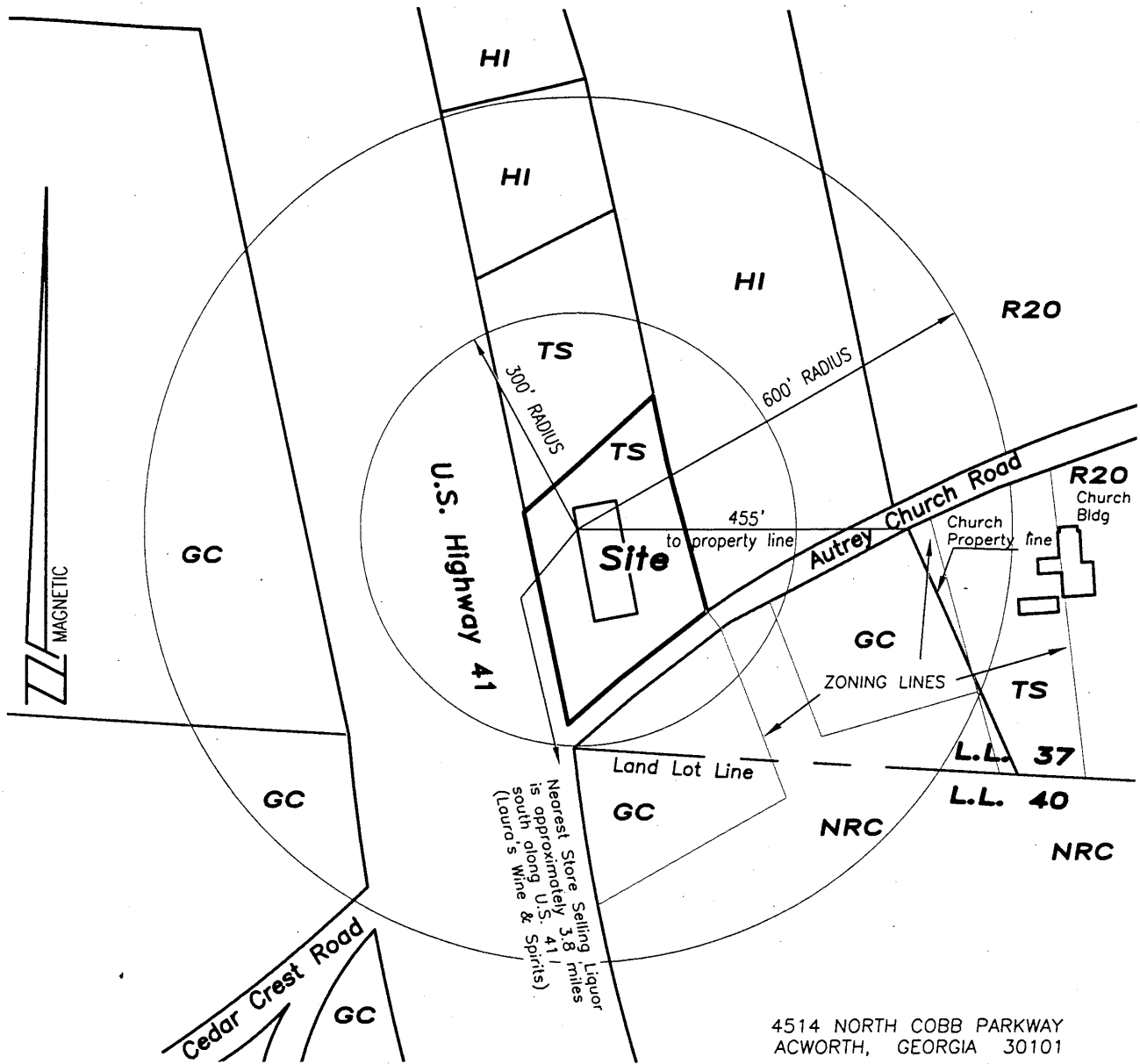
I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

SIGNATURE LICENSEE/OWNER

SWORN UNDER OATH THIS ____ DAY OF _____, 20__

SIGNATURE OF NOTARY PUBLIC

THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.



SURVEY FOR ALCOHOLIC BEVERAGE LICENSE:

Selling on the Premises - Liquor,
Wine and Malt Beverages

Nearest Church Property Line - 455±

Nearest Private Residence - 1000±

Nearest Public Library - 600±

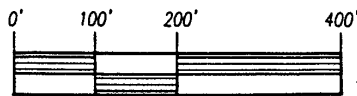
Nearest Church Building - 600±

Nearest School Property Line - 600±

Nearest School Bus Stop - 600±

Nearest Public Park - 600±

Nearest Store Selling Bottled Liquor - 1500±



LAND LOT - 37	DISTRICT - 20th	SECTION - 2nd
CITY -		
COUNTY - COBB		STATE - GEORGIA
REFERENCE PLAT BOOK/PAGE -		DISC - 2002
FIELD SURVEY DATE : 12-06-02		SCALE: 1" = 200'
CAD DRAFTING DATE : 12-11-02		
REVISIONS : 12-18-02 (Add distance to Other Liquor Store)		
REVISIONS : 2-20-03 (Clarify distances & zoning lines)		



A Policy Workshop for Owners & Licensees
**Regarding Responsible Alcohol-
Tobacco Sales & Service**



Sponsored by the Cobb Underage Drinking Task Force

****Taught By a Lawyer***
With Years of Experience in the Industry*

WHO: Area alcohol **owners** and **licensees** doing business in Acworth, Austell, Cobb, Kennesaw, Marietta, Powder Springs and Smyrna (not for employees). **Managers** are also welcome and encouraged to attend.

WHAT: A Workshop **taught by a lawyer** and designed just for you...
~ Recognizing your legal obligations and responsibilities including ways to reduce your risks and liability
~ Drafting or revising your written policy and common pitfalls
~ Staff training tools
~ Ways to monitor your employees and increase compliance

WHEN: Registration begins at **8:45 a.m.** Plan to **arrive by 8:45 a.m.** to insure attendance. Class lasts from 9:00 a.m. until 12:00 noon on *the first Wednesday of each month*): The **doors close at 9:00 a.m.** **Latecomers will be turned away to attend a future session.**

January 4, 2006	July 5, 2006
February 1, 2006	August 2, 2006
March 1, 2006	September 6, 2006
April 5, 2006	October 4, 2006
May 3, 2006	November 1, 2006
June 7, 2006	December 6, 2006

WHERE: **Ridgeview Institute:** 3995 South Cobb Drive
(map/directions on back) Smyrna, Georgia 30080

To register, send \$100 with completed **EVINDI** registration form (on back). Space is limited and is on a first come, first served basis. The **deadline** for registrations is **one week prior** to the preferred workshop date. **No on-site registration** will be accepted. Materials, resources and refreshments will be provided. (There is a \$15 fee for refund requests and a \$30 fee for returned checks.)

Note: Attendees who have difficulty understanding English are encouraged to bring an interpreter at no additional charge.

This workshop has been approved to satisfy the requirements of the following ordinance sections as amended:
Cobb County Section 6-96; City of Kennesaw Section 6-69; City of Roswell Section 3.2.10; Douglas County Section 3-27; City of Powder Springs Sections 3-103 & 3-182; City of Smyrna Section 6-129



OFFICE USE ONLY	
Check/Money Order # _____	Received by: _____

Policy Workshop for Owners & Licensees - Registration Form

Complete one registration form for each workshop participant - **please type or print legibly.**

Name of Attendee (as it appears on driver's license): _____

Title: (check all that apply) ☐ Owner ☐ Licensee ☐ Manager

Phone: _____ Fax: _____ Email: _____

Preferred Workshop Date: (1st Choice) _____ (2nd Choice) _____

Name of Licensed Premises: _____
(the physical business being licensed)

Address of Licensed Premises: _____

**Mail registration form with check or money order payable to Evindi, Inc. @ \$100 per participant to:
Evindi, Inc., Attn: RASS Coordinator, 3101 Towercreek Pkwy., Suite 425, Atlanta, GA 30339**

DIRECTIONS TO RIDGEVIEW INSTITUTE **3995 South Cobb Drive**

From I-75, 400 or I-85 (north of the Perimeter):

Take I-285 West to Exit 15, (South Cobb Drive). Turn Right (North) onto South Cobb Dr. Travel approximately 2.5 miles. Ridgeview will be on the right.

From I-75, 400 or I-85 (inside the Perimeter):

Take I-75, 400 OR I-85 North, (I-75 is the closest to Ridgeview), to I-285 West then follow the directions above.

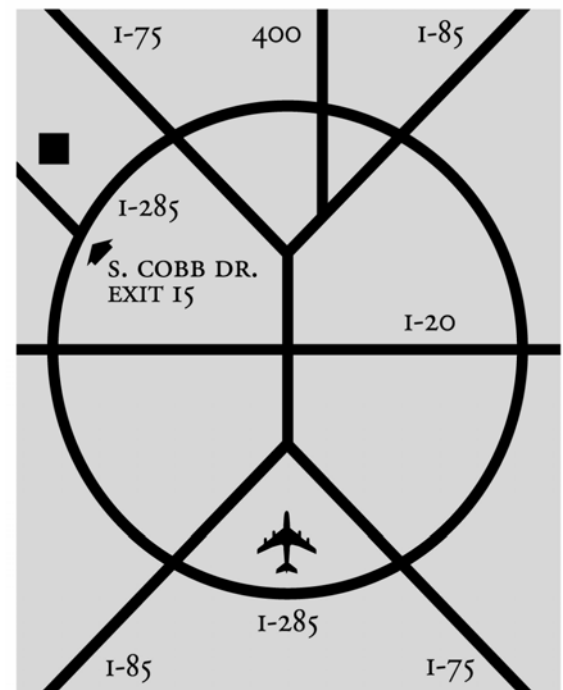
From I-75 or I-85 (south of the Perimeter) or I-20:

Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

From Hartsfield/Atlanta International Airport:

Exit Airport onto Camp Creek Pkwy, follow signs to I-285 North. Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

Upon entering the Ridgeview Campus, park in the parking lot on immediate left. Enter the lower building directly across from that lot.



The Cobb Underage Drinking Task Force is a community law enforcement partnership.

Contact: RASS Coordinator at msanders@evindi.com (email), 770-988-9970 or 770-988-9971 (fax)

TRAINING INSTITUTE FOR RESPONSIBLE VENDORS, INC. (404) 531 - 9237

R.A.S.S. WORKSHOP REGISTRATION FORM

Name of Licensee: _____

**Name of Licensed Establishment
And Address** _____

Phone: _____

Number of Attendees _____

Names of Attendees and Position _____

WORK SHOP DATE WE WILL ATTEND IS _____

**Fees for Workshop are \$100.00 per Participant due at Check In at Workshop.
Check or Cash. Make Checks Payable to T.I.R.V. Inc. NO ONE WILL BE ADMITTED AFTER
WORKSHOP HAS BEGUN. Registration must be received 48 hours before Work Shop. Attendees who
have difficulty with English can bring an interpreter at no additional charge.**

Fax or Mail Registration to: Fax # 770-509-0141 / T.I.R.V. Inc.
P.O. Box 421128
Questions / Information: 404-531 9237 Atlanta, GA 30342

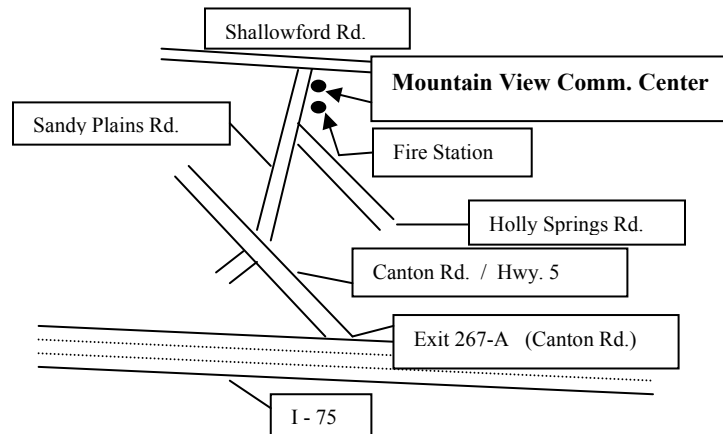
2006 R.A.S.S. WORKSHOP DATES

Tuesday, Jan. 17	Tuesday, Apr. 18	Tuesday, July 18	Tuesday, Oct. 24
Tuesday, Feb. 21	Tuesday, May 23	Tuesday, Aug. 22	Tuesday, Nov. 21
Tuesday, Mar. 21	Tuesday, June 20	Tuesday, Sept. 19	Tuesday, Dec. 12

All Classes are from 9AM TO 12PM.

DIRECTIONS TO MOUNTAIN VIEW COMMUNITY CENTER

I-75 to Exit 267-A Hwy. 5
(Canton Rd.) Turn Right at first
light (Sandy Plains Rd.) After
about 5 miles you will pass
library and then the Fire Station.
The next two drives take you to
parking for the center.
IF LOST CALL: 404-452-9237





Responsible Alcohol Sales & Service Policy Workshop for Cobb County

3101 Towercreek Parkway, Suite 425
Atlanta, Ga. 30339

PLEASE TYPE OR PRINT LEGIBLY

Name of Attendee: _____
(As it appears on Driver's license) First Middle Last

Title: (check all that apply) ☐ Owner ☐ Licensee ☐ Manager

Phone: _____ Fax: _____ Email: _____

Preferred Workshop Date: _____

Name of Licensed Premises: _____

Address of Licensed Premises: _____

2006 Policy Workshop Dates

Monday, March 13
Monday, April 17
Monday, May 15
Monday, June 19

Monday, July 17
Monday, August 14
Monday, September 18

Monday, October 16
Monday, November 13
Monday, December 18

Check-in is at 8:45 am, classes last from 9:00 am - 12:00 noon. Doors close promptly at 9:00 a.m.
(Attendees with difficulty understanding English may bring an interpreter at no additional charge)

PAYMENT: Cash, check or money order - \$100 made payable to Stumpe & Associates, PC. Mail payment and registration form at least one week prior to class to Stumpe & Associates, P.C., 3101 Towercreek Pkwy., Suite 425, Atlanta, GA 30339.

DIRECTIONS: **From Marietta:** Take 75 South to Cumberland Blvd. Exit. Turn LEFT onto Cumberland. At the 4th light, turn **RIGHT** onto Aker's Mill. Take the first LEFT into our building (the top of the building says "Strayer University" and the sign in front reads "One Towercreek")

From Downtown Atlanta: Take 75 North to Cumberland Blvd. Exit. Turn RIGHT onto Cumberland. At the 3rd light, turn **RIGHT** onto Aker's Mill. Take the first LEFT into our building (the top of the building says "Strayer University" and the sign in front reads "One Towercreek")

From 285: Take 285 North to Exit 20 (I-75 S), follow the signs for 75 South, but instead of getting onto 75, stay in the left lane for Cumberland Blvd. Turn LEFT onto Cumberland. At the 4th light, turn **RIGHT** onto Aker's Mill. Take the first LEFT into our building (the top of the building says "Strayer University" and the sign in front reads "One Towercreek")



Department of the Treasury
Bureau of Alcohol, Tobacco and Firearms

FEDERAL SPECIAL TAX

(You must file a registration and return and pay the special tax upon commencing business and file/pay each year thereafter on or before July 1)

Sample listing of business occupations that could be subject to paying an annual special tax as a "retail liquor dealer" for selling or offering for sale beverage alcohol products (e.g., beer, wine, liquor, coolers, mixed drinks, etc.). This tax applies to on-site consumption and off-site consumption sales.

Airlines	Inns
Airport Lounges	Leagues
Amusement Parks	Limousine Services
Bars	Liquor Stores
Bed and Breakfast Inns	Lodges
Bingo Halls	Lounges
Boats (Pleasure)	Lunch Wagons
Bowling Alleys	Military Installations
Casinos	Motels
Catering Services	Package Stores
Clubs	Pool Halls
Concession Stands	Private Clubs
Convenience Stores	Race Tracks
Drug Stores	Recreation Centers
Florist Services	Restaurants
Fraternal Organizations	Ships
Fundraising Organizations	Snack Bars
Golf Courses	State Stores
Grills	Stadiums
Grocery Stores	Supermarkets
Hospitals	Taverns
Hotels	Trains
	Wine & Cheese Stores

FOR MORE INFORMATION AND FORMS CONTACT

ATF National Revenue Center "SOT" Toll Free Number
1-800-937-8864 Or Call (513) 684-2979
(Please call between 8:30 am and 4:30 pm, Eastern Time)
or
Local ATF Field Office _ (404) 679-5130
(WRITE: ATF National Revenue Center, 550 Main Street,
Cincinnati, OH 45202)